GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:542
ANSWERED ON:08.07.2009
MATERNAL AND CHILD MORTALITY RATE
Dubey Shri Nishikant

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is an increasing trend in maternal and infant mortality rate during the last three years;

(b) if so, the details thereof and the reasons therefor; State-wise, category-wise; and

(c) the concrete steps taken by the Government in this regard?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE(SHRI GHULAM NABI AZAD)

a) No, based on the official estimates of Registrar General of India (RGI), the Maternal Mortality Ratio (MMR) for India has shown a substantial decline from 301 per 100,000 live births (RGI-SRS, 2001-03) to 254 per 100,000 live births (RGI-SRS, 2004-06).

According to the official estimates of RGI, the Infant Mortality Rate (IMR) has declined from 58 per 1000 live births in 2005 (RGI-SRS Bulletin October 2006) to 55 per 100,000 live births in 2007 (RGI-SRS Bulletin, October 2008).

b) Question does not arise.

c) The National Rural Health Mission (NRHM) (2005-2012), and under its umbrella,the Reproductive and Child Health Programme Phase II, launched by the Government of India in the year 2005, aims to improve access for rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care, with a special focus on 18 States which have weak public health indicators and weak infrastructure.Under the Mission, the following key strategies and interventions are being implemented to accelerate the pace of reduction in child and maternal mortality namely Integrated management of Neonatal and Childhood Illnesses (IMNCI); New Born and Child Care, both facility based as well as home based; Infant and Young Child Feeding; Micronutrient supplementation with Vitamin A, Iron Folic Acid; Universal Immunization Programme(UIP); Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women; Operationalising Community Health Centres as First Referral Units (FRUs) and Primary Health Centres for 24X7 services; Augmenting the availability of skilled manpower by means of different skill-based trainings such as Skilled Birth Attendance; training of MBBS Doctors in Life Saving Anaesthetic Skills and Emergency Obstetric Care including Caesarean Section; prevention and treatment of Anemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation; Organizing Village Health & Nutrition Day at Anganwadi Centres; Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community including preganant women.